

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/30/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445502	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  01/27/2014
NAME OF PROVIDER OR SUPPLIER  CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 052 SS=E	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>This STANDARD is not met as evidenced by: Based on observations and testing, it was determined the facility failed to maintain the fire alarm system.</p> <p>The findings included:</p> <p>Testing of the fire alarm system on 1/28/14 at 11:25 AM, revealed the audible and visible alarm located in the 200 corridor next to room 206 was not working.</p> <p>This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 1/28/14.</p>	K 052	<p><b>K 052</b></p> <p>Christian Care Center of Rutherford County believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:</p> <p><u>Corrective Actions for Targeted Areas</u></p> <p>On 2/27/14, the contracted fire alarm company repaired the audible and visible alarm devices located in the 200 corridor next to room 206.</p> <p><u>Identification of Other Areas with Potential to be Affected</u></p> <p>On 2/24/14, the facility's contracted fire alarm company conducted an inspection of the audible and visible alarm devices and found no other areas were affected.</p> <p><u>Systematic Changes</u></p> <p>The Maintenance Director will consult with the contracted fire alarm company during their quarterly inspection on proper operation of the audible and visible alarm devices and will record findings.</p>		
K 062 SS=E	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p>	K 062	<p><u>Monitoring</u></p> <p>The Maintenance Director will report his findings quarterly to the Performance Improvement Committee for review and to determine ongoing compliance. The</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 052 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>This STANDARD is not met as evidenced by: Based on observations and testing, it was determined the facility failed to maintain the fire alarm system.</p> <p>The findings included:</p> <p>Testing of the fire alarm system on 1/28/14 at 11:25 AM, revealed the audible and visible alarm located in the 200 corridor next to room 206 was not working.</p> <p>This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 1/28/14.</p>	K 052	<p>Performance Improvement Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Medical Records Director, Maintenance Director, Social Services Director, Dietary Manager, Housekeeping/Laundry Director, Activities Director, Business Office Manager, HR Manager, Medical Director and Consultant Pharmacist.</p> <p><u>K 062</u></p> <p>Christian Care Center of Rutherford County believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:</p> <p><u>Corrective Actions for Targeted Areas</u></p> <p>On 1/28/14, the contracted sprinkler company was contacted to replace the six sprinklers in the kitchen, sprinkler in the kitchen boiler room and resident rooms 207, 210, and 212.</p> <p>Records were located by the Administrator for replacement of sprinkler gauges on 1/30/14. The records indicated that the sprinkler gauges were replaced on 9/20/10.</p>	2/27/14	
K 062 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p>	K 062			

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K 062	Continued From page 1  This STANDARD is not met as evidenced by: Based on observations and records review, it was determined the facility failed to maintain the sprinkler system.  The findings included:  1. Observation of the kitchen on 1/28/14 at 10:16 AM, revealed six corroded sprinklers.  2. Observation of the kitchen's boiler room on 1/28/14 at 10:26 AM, revealed a corroded sprinkler.  3. Observation of resident rooms 207, 210, and 212 on 1/28/14 at 10:30 AM, revealed the sprinklers in the bathrooms were corroded.  4. Records review on 1/28/14 at 11:35 PM, revealed the facility was unable to provide documentation for the 5 year replacement or calibration of the sprinkler system gages.  These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 1/28/14.	K 062	<u>Identification of Other Areas with Potential to be Affected</u>  The Maintenance Director on 1/30/14 inspected sprinkler heads at the facility and found no other areas had been affected. A review of sprinkler system documentation by the Administrator and Maintenance Director on 2/21/14 revealed no other areas were affected.  <u>Systematic Changes</u>  The Maintenance Director will consult with the contracted sprinkler company during their quarterly inspections on proper sprinkler head condition and will record his findings.  <u>Monitoring</u>  The Maintenance Director will report his findings quarterly to the Performance Improvement Committee for review and to determine ongoing compliance. The Performance Improvement Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Medical Records Director, Maintenance Director, Social Services Director, Dietary Manager, Housekeeping/ Laundry Director, Activities Director, Business Office Manager, HR Manager, Medical Director and Consultant Pharmacist.		
K 066 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Smoking regulations are adopted and include no less than the following provisions:  (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored	K 066		3/20/14	

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K 062	Continued From page 1  This STANDARD is not met as evidenced by: Based on observations and records review, it was determined the facility failed to maintain the sprinkler system.  The findings included:  1. Observation of the kitchen on 1/28/14 at 10:16 AM, revealed six corroded sprinklers.  2. Observation of the kitchen's boiler room on 1/28/14 at 10:26 AM, revealed a corroded sprinkler.  3. Observation of resident rooms 207, 210, and 212 on 1/28/14 at 10:30 AM, revealed the sprinklers in the bathrooms were corroded.  4. Records review on 1/28/14 at 11:35 PM, revealed the facility was unable to provide documentation for the 5 year replacement or calibration of the sprinkler system gages.  These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 1/28/14.	K 062			
K 066 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Smoking regulations are adopted and include no less than the following provisions:  (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored	K 066	<u>K 066</u>  Christian Care Center of Rutherford County believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:		

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K 066	<p>Continued From page 2</p> <p>and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.</p> <p>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to comply with the required adopted smoking regulations.</p> <p>The findings included:</p> <p>Observation on 1/28/14 at 11:20 PM, revealed the facility failed to provide a metal container with self-closing cover device into which ashtrays can be emptied readily available at the residents designated smoking room, located next to the 300 nurses station.</p> <p>This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 1/28/14.</p>	K 066	<p><u>Corrective Actions<sup>1</sup> for Targeted Area</u></p> <p>On 1/30/14, the Maintenance Director installed a metal container with self-closing cover device into which ashtrays can be emptied at the residents' designated smoking room, next to 300 nurses' station.</p> <p><u>Identification of Other Areas with Potential to be Affected</u></p> <p>The Maintenance Director, on 1/28/14, inspected other designated smoking areas and found no other areas were affected.</p> <p><u>Systematic Changes</u></p> <p>The Maintenance Director will inspect designated smoking areas monthly to ensure proper placement of self-closing metal ash containers.</p> <p><u>Monitoring</u></p> <p>The Maintenance Director will report his findings monthly to the Performance Improvement Committee for review and to determine ongoing compliance. The Performance Improvement Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Medical Records Director, Maintenance Director, Social Services Director, Dietary Manager, Housekeeping/Laundry Director, Activities Director, Business Office Manager, HR Manager, Medical Director and Consultant Pharmacist.</p>		1/30/14

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K 144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>This STANDARD is not met as evidenced by: Based on observations and records review, it was determined the failed to maintain their emergency generators.</p> <p>The findings included:</p> <p>Records review on 1/28/14 at 11:45 AM, revealed no annual load bank test were conducted on the 20kw and 40kw generators.</p> <p>This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 1/28/14.</p>			K 144	<p><u>K 144</u></p> <p>Christian Care Center of Rutherford County believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:</p> <p><u>Corrective Actions for Targeted Area</u></p> <p>On 2/6/14, the contracted generator service conducted the annual load bank tests on the 20kw and 40kw generators.</p> <p><u>Identification of Other Areas with Potential to be Affected</u></p> <p>A review of generator documentation by the Maintenance Director and Administrator on 2/21/14 revealed no other areas were affected.</p> <p><u>Systematic Changes</u></p> <p>The Maintenance Director was in-serviced on 2/21/14 by the Administrator on proper testing and documentation for emergency generator per NFPA 99.</p> <p><u>Monitoring</u></p> <p>The Maintenance Director and the Administrator will monitor for compliance. The Maintenance Director will report findings quarterly to the Performance Improvement Committee for review and determination of ongoing compliance. The Performance Improvement Committee</p>		

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